



Telephone # 253-931-3038 Fax # 253-876-1900

CITY OF AUBURN  
APPLICATION FOR UTILITY  
**RATE EXEMPTIONS**

2010/2011

ORDINANCE NO. 5361

The undersigned certifies, subject to the penalties of perjury, that:

1. The undersigned is the head of household receiving water, sewer, storm water and/or garbage service at the address indicated below.
2. The undersigned is at least 62 years of age, or is permanently and totally disabled.  
☐ Over 62 Years of Age or ☐ Disabled
3. The undersigned is **NOT** receiving additional utility allowances or rent subsidies from another governmental agency (i.e.: HUD, King County Housing, Section 8, etc.).
4. There are \_\_\_\_\_ residents in the household claiming the exemption, and
5. That for the previous *calendar year (2009)*, the combined total income from all sources of *all such residents* was \$ \_\_\_\_\_/year.

***Proof of all 2009 incomes must be confirmed by authorized City Personnel***, such as, most recent income tax return, social security annual statement, or annual retirement statement.

Accounts in the name of the applicant will be credited with each billing statement for the appropriate reduction.

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's license # or ID Card #: \_\_\_\_\_

Signature: \_\_\_\_\_

FOR OFFICE USE ONLY		
Date Received: _____	Approved By: _____	Date Approved: _____
Received By: _____	Denied By: _____	Date Denied: _____
Received At/By: City Hall/Mail/Fax/Senior Center		Reason Denied: _____

Persons applying for the disability reduction must complete the form on the back of this application and includes **doctor's signature, subject to verification.**

**Income Limits for 2009 Income:**

**One Person: \$29,500**

**Two People: \$33,700**

**Three People: \$37,950**

**AUBURN** \* MORE THAN YOU IMAGINED

SENIOR DISCOUNT  
CITY OF AUBURN  
AFFIDAVIT FOR CLAIM OF DISABILITY  
APPLICATION FOR UTILITY **RATE EXEMPTIONS**  
2010/2011  
ORDINANCE NO. 5361

The undersigned certifies, subject to the penalties of perjury, that:

The applicant is the head of household receiving water, sewer, stormwater and/or garbage service at the address listed below.

The applicant meets the following criteria for receiving the exemption for utility services:

The applicant is totally and permanently disabled in that the individual has lost both legs and arms or one leg and one arm, or total loss of eyesight, or is paralyzed or suffering from some other condition permanently incapacitating the applicant from ever performing any work at any gainful occupation.

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ / \_\_\_\_\_  
(REQUIRED EACH YEAR) Physician Signature Date

PHYSICIAN TELEPHONE NUMBER: \_\_\_\_\_